U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only REC'D JU 21205	
E O MO DEDIT	

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 4477			2. Fiscal Year Covered From:						
				1/1/	2004 Through	: 12 / 31	2004		
3. Nam	e and address of person filing.		4. Name	, file number, and ad	dress of labor org	anization.			
Name	DEIRDRE	FLOYD	Name	TREASURES AN	D TICKET SE	LLERS LOCAL	857		
			Labor	Organization File Nu	mber 010-09	3/			
P.O. Box, Bldg., Room No., if any 300C			P.O. Box, Building and Room Number, if any 300C						
				to accompany to the second sec					
Street	Street 13245 RIVERSIDE DRIVE			Street 13245 RIVERSIDE DRIVE					
City	City SHERMAN OAKS			City SHERMAN OAKS					
State	California	ZIP Code + 4 91423	State	California		ZIP Code + 4	91423		
5. Positi	on in labor organization.	RETAY-TREASURER/BUSINESS A	GENT	The state of the s					
L					OF THE COMPANY OF THE CONTRACT	The second of th	error or the contention of the content of the conte		
Ente	ur annuanziata data halaw lf duwi	ng the neet final year year and		an abilial allocations of the	32				
Ente	er appropriate data below if, duri	ng the past fiscal year, you or your spot (except as specified in the exclu	use or mine sions set f	or child directly or in orth in the instruction	directly had any o	f the following in	terests		
A. Held moneta	A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.								
6. Name	and address of Employer (inclu	ding trade name, if any).	7.a. Natu	re of Interest, Transa	action, or Income.				
Name									
Trade I	Name, if any:						and industrial spaces		
P.O. B	ox, Bldg., Room No., if any	tel Mikrolete i Manoratette, i brita a i Mani-solaine aktivatetta un jantanouta; ijo onel kunta laina	7.b. Amo	unt.		0011786-14140(TYP)\$(-410-84-) V 18-0			
Street	etromentu atkon canana (on apponis ana na atroppa - etroman atro competencios appara	t. Held to discretion in the selection in the selection of the selection o							
				gi sensar	nder i Vivi vedili delekti delekti i koloni i vivi i vedili vedili vedili i vedili i vedili i	manana a a a a a a a a a a a a a a a a a			
City	erren de sterillingsviksjoon in no <mark>vee</mark> n produktive krigeringsviksion die print op het de de proper de ee steri	ore e i sistem en 1881 medien en en et i en er en mineral in granden og bryggjon (den en signe), (den en en en		And the second	**************************************	\$ 100 mm 1			
State		ZIP Code + 4							
	Signature								
submit	15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)								
Signe	of Deirare	Floyd	On 🔌	7/11/05 Date	818-9	990-7107	Z		
		(/		Date	Te	elephone Numbe	r		

Name of Person Filing DEIRDRE FLOYD	File Number U-						
B. Held an interest in or derived income or economic benefit with monetary vas ubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise						
8. Name and address of Business (including trade name, if any). Name I.A.T.S.E. LOCAL 857 HEALTH AND WELFARE FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any 205 Street 13191 CROSSROADS PKWY N. City CITY OF INDUSTRY State California ZIP Code + 4 91746	9. Business deals with: a. Labor Organization b. Trust c. Employer						
10. If 9.b. or 9.c. is checked give trust or employer's name. Name I.A.T.S.E. LOCAL 857 HEALTH AND WELFARE FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any 205	11.a. Nature of such dealing. REIMBUSEMENTS FOR TRAVEL AND MEETING EPENSES PERFORMED IN CAPACITY OF TRUSTEE.						
Street 13191 CROSSROADS PKWY N. City CITY OF INDUSTY State California ZIP Code + 4 91746	11.b. Approximate dollar value of such dealing. \$1,790 12.a. Nature of interest held or income received.						
	12.b. Amount.						
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.							
Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	14.a. Nature of payment.						
P.O. Box, Bldg., Room No., if any Street							
State ZIP Code + 4	14.b. Amount of payment.						
13.b. Is the Business an Employer or Consultant ?	anosite of paymone						